



Information Referral and Assistance Contacts Instructions



June 30, 2013

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General Instructions

Overview

The Information, Referral and Assistance Contacts (IRA) Application is a KDADS web application.

System Requirements and Browser Settings

- **Firewall Settings** may need added.
 - To check if you will be able to access the KDADS Web Application site, follow the steps on pages 3-4. If the sign in page does not display, our site will need to be added to your firewall. Please contact the KDADS Help Desk for the specific address/port to be added to the firewall.
 - Internet Connection
 - Internet Browser:
 - Microsoft Internet Explorer 6.0 or newer - Recommended
 - Firefox – current version
 - Disable all Pop-Up blockers
-

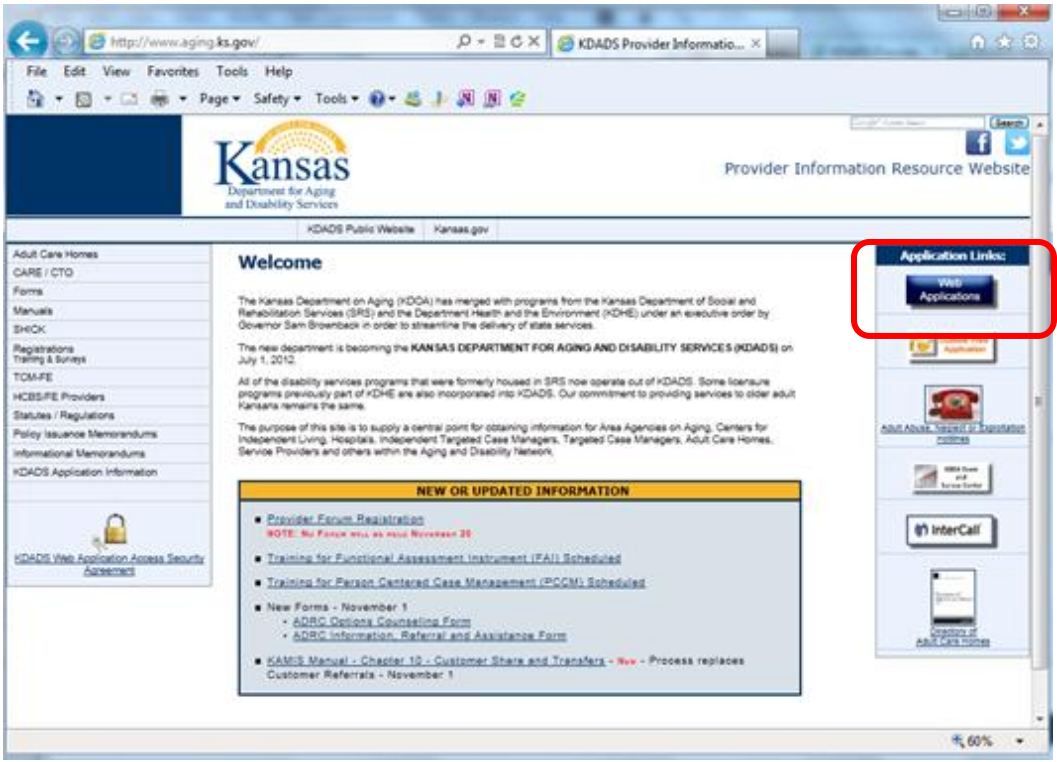
Contact Persons

Issue	Contact Person
Application How To Questions Password Change	KDADS Help Desk Phone: (785) 296-4987 or (800) 432-3535 E-Mail: HelpDesk@kdads.ks.gov
Questions about the IRA Policies and Guidelines.	Phone: (800) 432-3535

Accessing Web Applications

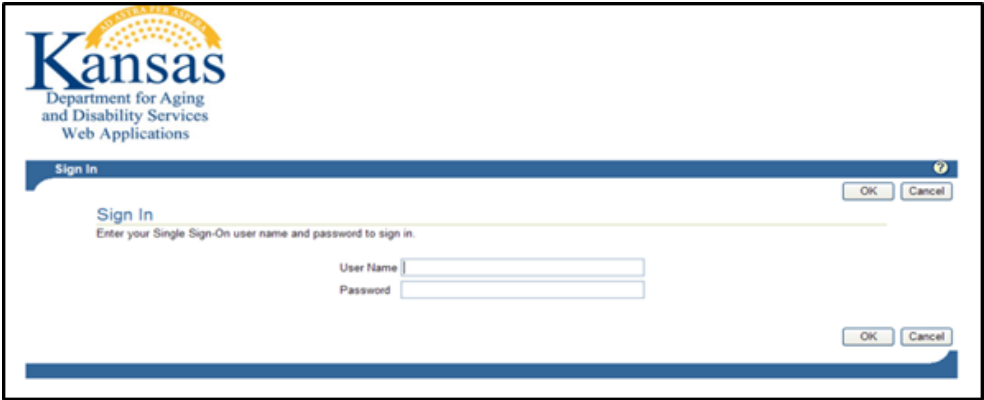
Introduction Use Microsoft Internet Explorer or FireFox browser to access the KDADS web application site. All KDADS Web Applications are secured and encrypted.

How To Follow the steps in the table below to accessing the login page for the KDADS Web Application.

Step	Action	Result
1.	Open the internet browser. Access the KDADS Provider Information Resource Web Site. www.aging.ks.gov	The KDADS Provider Web Site Home Page will be displayed.
		
2.	Select the Web Applications link under the “Applications Link”.	The KDADS Web Application Login page will display.

Logging-In


How To Follow the steps in the table below to complete the Login process.

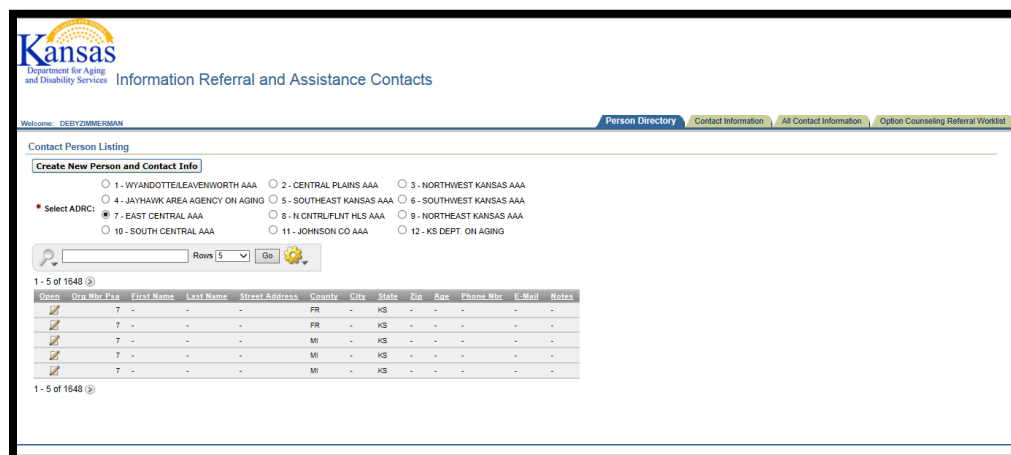
Step	Action	Result
1.	Once the Login page is displayed. Type the User Name . Press Tab .	Insertion point advances.
		
2.	Enter Password . If it is the first time signing into the application, use the initial password that was issued in the e-mail from the KDADS Information Services Division. Click the OK button.	The Web Application Home page will display.

Accessing the IRA Application

How To

Follow the steps in the table below to access the Information, Referral and Assistance Contacts (IRA) application.

Step	Action	Result
1.	To access the IRA Application, click on the Information, Referral and Assistance Contacts (IRA) button on the Web Applications Home Page.	
2.	Opens to the Person Directory page of the IRA Application.	The select option of the ADRC Organizations defaults to the users' organization. It is possible for the user to select other organizations if needed to locate a contact.



Kansas
Department for Aging and Disability Services

Information Referral and Assistance Contacts

Welcome: DEBYZIMMERMAN

Person Directory / Contact Information / All Contact Information / Option Counseling Referral Worksheet

Contact Person Listing

Create New Person and Contact Info

Select ADRC:

1 - WYANDOTTE/LEAVENWORTH AAA 2 - CENTRAL PLAINS AAA 3 - NORTHWEST KANSAS AAA
4 - JAYHAWK AREA AGENCY ON AGING 5 - SOUTHEAST KANSAS AAA 6 - SOUTHWEST KANSAS AAA
7 - EAST CENTRAL AAA 8 - N. CENTRAL/PLMT HLS AAA 9 - NORTHEAST KANSAS AAA
10 - SOUTH CENTRAL AAA 11 - JOHNSON CO AAA 12 - KS DEPT. ON AGING

Rows 5 Go

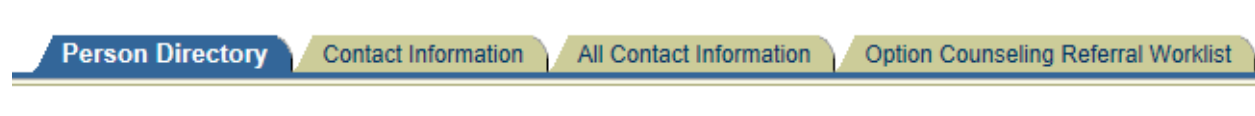
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Org	Org Pkg	First Name	Last Name	Street Address	County	City	State	Zip	Age	Phone Nbr	E-Mail	Notes
7	-	-	-	-	PR	-	KS	-	-	-	-	-
7	-	-	-	-	PR	-	KS	-	-	-	-	-
7	-	-	-	-	MI	-	KS	-	-	-	-	-
7	-	-	-	-	MI	-	KS	-	-	-	-	-
7	-	-	-	-	MI	-	KS	-	-	-	-	-

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Navigating the IRA Application

Introduction A series of navigation tabs are available.



Navigation Tab	Action / Purpose
Person Directory	Displays the persons who have contacted an ADRC area or KDADS to obtain assistance or information.
Contact Information	Becomes active when accessing a previous or new contact.
All Contact Information	Displays all contact information entered into the application.
Option Counseling Referral Worklist	The worklist of contacts that have been referred for Options Counseling. This worklist is also accessed through KAMIS.

Locating a IRA Current Contact

Introduction

The Person Directory Tab displays the persons who have contacted an ADRC area or KDADS to obtain assistance or information. If the person exists in the directory, a new contact can be added to the person record. This will provide a history of assistance or informational needs of the same person contacting the ADRC or KDADS.

By entering one person record and many contacts for that person, will allow to collect reporting data required of unduplicated persons assisted vs. total number of contacts.

The listing is interactive with a search field. Enter the criteria and click on the “Go” Button. Additional sorting and filtering options as well as a download utility can be found under the “Gear” icon.

Search
Field

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Open	Org Nbr	Psa	First Name	Last Name	Street Address	County	City	State	Zip	Age	Phone Nbr	E-Mail	Notes
	7	-	-	-	-	FR	-	KS	-	-	-	-	-
	7	-	-	-	-	FR	-	KS	-	-	-	-	-
	7	-	-	-	-	MI	-	KS	-	-	-	-	-
	7	-	-	-	-	MI	-	KS	-	-	-	-	-
	7	-	-	-	-	MI	-	KS	-	-	-	-	-

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The listing is also interactive by utilizing the column headings to sort or filter by the content.

10 - SOUTH CENTRAL AAA 11 - JOHNSON CO AAA 12 - KS DEPT. ON AGING

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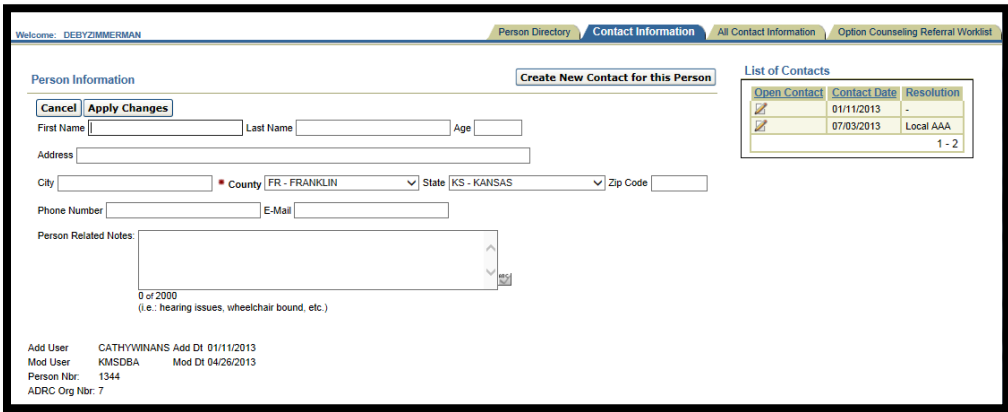
Open	Org Nbr	Psa	First Name	Last Name	Street Address	County	City	State	Zip	Age	Phone Nbr	E-Mail	Notes
	7	-	-	-	-								
	7	-	-	-	-								
	7	-	-	-	-								
	7	-	-	-	-								
	7	-	-	-	-								

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Creating a new IRA Contact on an Existing Person

Introduction Once the person is located in the listing, the person record can be updated as well as a new contact can be created.

How To Follow the steps in the table below to create a new contact information.

Step	Action	Result
1.	Complete the search for the person.	
2.	Click on the pencil icon under the "Open" column.	Person Information will be displayed and a listing of any previous contacts.
		
3.	Update or add any additional person information.	
4.	Click on the Apply Changes button prior to creating a new contact.	Updates the person record.

Continued on Next Page

Creating a new IRA Contact on an Existing Person (Continued)

How To

Continued

Step	Action	Result
5.	Click on the Create New Contact for this Person button.	The contact information page will display.

Kansas
Department for Aging and Disability Services

Information Referral and Assistance Contacts

Welcome: DEBYZIMMERMAN

Person Directory | **Contact Information** | All Contact Information | Option Counseling Referral Worksheet

Person Information

Name: [] Age: []
Address: []
City: [] County: FR - FRANKLIN State: KS - KANSAS Zip Code: []
Phone Number: [] E-Mail: []
Notes: []

Contact Categories

Date: [07/07/2013]
Calls Purpose: ☐ Assistance ☐ Dropped Call ☐ Hang-Up ☐ Information ☐ Referral
Caller Type: ☐ Caregiver ☐ Customer ☐ Family ☐ Other ☐ Potential Customer ☐ Professional
Need Relates To: ~ Select ~
* Contact Method: ☐ Call From ☐ Call To ☐ E-Mail ☐ FAX ☐ VoiceMail ☐ Mail ☐ In-Person ☐ Other
If Method is Other, Explain: []

Program Type

* Program Types: ☐ OAA III B ☐ OAA III E ☐ Medicaid ☐ Non-Medicaid / Non-OAA

Needs

* As Customer tells their story, mark all of the following major need(s) that apply:

Abuse/Neglect/Exploitation
Assistive Technology
CARE
Caregiver Support
Cognitive/Mental Health
Crisis Intervention
Durable Medical Equipment
Employment/Ticket to Work
Financial Assistance
Financial Management Services (FMS)
Hospitalization
Housing and/or Supplies
In Home Services
KanCare Mailings
KanCare Options

During caller's identification of needs, did any of the following issues arise?
(These are not questions to be asked, but rather themes to listen for as the client tells their story.)

Abuse, Neglect, Exploitation
Change in Living Arrangement
Complex / Unstable Medical or Mental Health
Dementia / Confusion / Cognitive Impairment
History of Falls
Hospitalization(s) or Nursing Home(s) stays
Limited Finances
Limited Informal Supports
Medication Management
On Waiting List for Public Services
Situational Changes / Caregiver

Contact Resolution

* After completing call, mark any of the following major referral(s) categories that apply:

Crisis Intervention
IRA Follow-Up
KanCare
Local AAA
Local CDDO
Local CIL
Local CMHC
No Referral
Options Counseling
PACE

Referred for Options Counseling To: ~ Select ~
Referred for Options Counseling From: DEBYZIMMERMAN
ADRC Org Nbr: 7
Contact Notes: []
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Cancel Create

Add User Add Dt
Mod User Mod Dt
Person Nbr: 1344
Contact Nbr:

Creating a new IRA Contact on a New Person

Introduction If the person is not located in the listing, the person record can be created at the same time as the contact information.

How To Follow the steps in the table below to create a new person and contact information.

Step	Action	Result
1.	Complete the search for the person.	
2.	Click on the Create New Person and Contact Info.	Person and Contact Information will be displayed.
3.	Complete the Required fields.	Requirements are listed in the next section.

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Open	Org Nbr	Psa	First Name	Last Name	Street Address	County	City	State	Zip	Age	Phone Nbr	E-Mail	Notes
	7	-	-	-	-	FR	-	KS	-	-	-	-	-
	7	-	-	-	-	FR	-	KS	-	-	-	-	-
	7	-	-	-	-	MI	-	KS	-	-	-	-	-
	7	-	-	-	-	MI	-	KS	-	-	-	-	-
	7	-	-	-	-	MI	-	KS	-	-	-	-	-

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Creating a new IRA Contact on an Existing Person (Continued)

How To

Continued

The screenshot shows a web-based form titled "Information Referral and Assistance Contacts" from the Kansas Department for Aging and Disability Services. The form is for user DEBYZIMMERMAN and includes tabs for "Person Directory", "Contact Information", "All Contact Information", and "Option Counseling Referral Worksheet".

Person Information

Name: [] Age: []
Address: []
City: [] County: FR - FRANKLIN State: KS - KANSAS Zip Code: []
Phone Number: [] E-Mail: []
Notes: []

Contact Categories

Date: 07/07/2013
Calls Purpose: ☐ Assistance ☐ Dropped Call ☐ Hang-Up ☐ Information ☐ Referral
Caller Type: ☐ Caregiver ☐ Customer ☐ Family ☐ Other ☐ Potential Customer ☐ Professional
Need Relates To: ~ Select ~
Contact Method: ☐ Call From ☐ Call To ☐ E-Mail ☐ FAX ☐ VoiceMail ☐ Mail ☐ In-Person ☐ Other
If Method is Other, Explain: []

Program Type

Program Types: ☐ OAA III B ☐ OAA III E ☐ Medicaid ☐ Non-Medicaid / Non-OAA

Needs

As Customer tells their story, mark all of the following major need(s) that apply:

Abuse/Neglect/Exploitation
Assistive Technology
CARE
Caregiver Support
Cognitive/Mental Health
Crisis Intervention
Durable Medical Equipment
Employment/Ticket to Work
Financial Assistance
Financial Management Services (FMS)
Hospitalization
Housing and/or Supplies
In Home Services
KanCare Mailings
KanCare Options

During caller's identification of needs, did any of the following issues arise?
(These are not questions to be asked, but rather themes to listen for as the client tells their story.)

Abuse, Neglect, Exploitation
Change in Living Arrangement
Complex / Unstable Medical or Mental Health
Dementia / Confusion / Cognitive Impairment
History of Falls
Hospitalization(s) or Nursing Home(s) stays
Limited Finances
Limited Informal Supports
Medication Management
On Waiting List for Public Services
Situational Changes / Caregiver

Contact Resolution

After completing call, mark any of the following major referral(s) categories that apply:

Crisis Intervention
IRA Follow-Up
KanCare
Local AAA
Local CDDO
Local CIL
Local CMHC
No Referral
Options Counseling
PACE

Referred for Options Counseling To: ~ Select ~
Referred for Options Counseling From: DEBYZIMMERMAN
ADRC Org Nbr: 7

Contact Notes: []
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Buttons: Cancel, Create

Footer: Add User Add Dt, Mod User Mod Dt, Person Nbr: 1344, Contact Nbr:

Person and Contact Information Regions and Requirements

Field Requirements The table below lists all the person and contact fields and if required.

Field	Action / Purpose
Cancel	Will return to the Person Directory.
Create	Creates the person and/or contact.
Person Information Region	
New Person Entry:	
First Name	First Name of the person requiring Assistance or Information.
Last name	Last Name of the person requiring Assistance or Information.
Age	Age
Address	Address
City	City
County	Required.
State	Defaults to Kansas
Zip Code	Zip Code
Phone Number	Phone Number
E-Mail	E-Mail Address
Person Related Notes	Any information regarding the person that may be helpful.
Existing Person:	
Auto-filled fields	Entered person information is displayed.

New Person

Person Information

First Name: Last Name: Age:

Address:

City: * County: State: Zip Code:

Phone Number: E-Mail:

Person Related Notes:

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(i.e.: hearing issues, wheelchair bound, etc.)

ADRC Org Nbr: 07

Existing Person, New Contract

Person Information

Name: Age:

Address:

City: County: State: Zip Code:

Phone Number: E-Mail:

Notes:

Continued on Next Page

Person and Contact Information Regions and Requirements (Continued)

Field	Action / Purpose
Contact Categories and Program Type Region	
Date	Required. Date of the contact. Defaults to the current date.
Calls Purpose	Required. <ul style="list-style-type: none"> • Assistance • Dropped Call • Hang-Up • Information • Referral
Caller Type	Required. <ul style="list-style-type: none"> • Caregiver • Customer • Family • Other • Potential Customer • Professional
Need Relates To	<ul style="list-style-type: none"> • Aging • Dementia • MR / DD/ ID • Mental Illness • Multiple Disabilities • No Disabilities • Physically Disabled • Traumatic Brain Injury • Unknown • Unspecified Disabilities
Contact Method	Required: <ul style="list-style-type: none"> • Call From • Call To • E-Mail • FAX • VoiceMail • Mail • In-Person • Other <ul style="list-style-type: none"> ○ If Method is Other, Explain

Continued on Next Page

Person and Contact Information Regions and Requirements (Continued)

Field	Action / Purpose
Contact Categories and Program Type Region	
Program Types	Required: <ul style="list-style-type: none"> • OAAIII B • OAA III E • Medicaid • Non-Medicaid / Non-OAA
<div> <div> Contact Categories <hr/> Date: <input type="text" value="07/07/2013"/> Calls Purpose: <input type="checkbox"/> Assistance <input type="checkbox"/> Dropped Call <input type="checkbox"/> Hang-Up <input type="checkbox"/> Information <input type="checkbox"/> Referral Caller Type: <input type="checkbox"/> Caregiver <input type="checkbox"/> Customer <input type="checkbox"/> Family <input type="checkbox"/> Other <input type="checkbox"/> Potential Customer <input type="checkbox"/> Professional Need Relates To: <input type="text" value="~ Select ~"/> * Contact Method: <input type="radio"/> Call From <input type="radio"/> Call To <input type="radio"/> E-Mail <input type="radio"/> FAX <input type="radio"/> VoiceMail <input type="radio"/> Mail <input type="radio"/> In-Person <input type="radio"/> Other If Method is Other, Explain: <input type="text"/> Program Type <hr/> * Program Types: <input type="radio"/> OAA III B <input type="radio"/> OAA III E <input type="radio"/> Medicaid <input type="radio"/> Non-Medicaid / Non-OAA </div> </div>	

Continued on Next Page

Person and Contact Information Regions and Requirements (Continued)

Field	Action / Purpose
Needs Region	
As Customer tells their story, mark all of the following major need(s) that apply:	Required. Various Options to select. Select as many as applied by double clicking on the option or using the > arrow.
During caller's identification of needs, did any of the following issues arise?	Various Options to select. Select as many as applied by double clicking on the option or using the > arrow.

Needs

*** As Customer tells their story, mark all of the following major need(s) that apply:**

- Abuse/Neglect/Exploitation
- Assistive Technology
- CARE
- Caregiver Support
- Cognitive/Mental Health
- Crisis Intervention
- Durable Medical Equipment
- Employment/Ticket to Work
- Financial Assistance
- Financial Management Services (FMS)
- Hospitalization
- Housing and/or Supplies
- In Home Services
- KanCare Mailings
- KanCare Options

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During caller's identification of needs, did any of the following issues arise?
(These are not questions to be asked, but rather themes to listen for as the client tells their story.)

- Abuse, Neglect, Exploitation
- Change in Living Arrangement
- Complex / Unstable Medical or Mental Health
- Dementia / Confusion / Cognitive Impairment
- History of Falls
- Hospitalization(s) or Nursing Home(s) stays
- Limited Finances
- Limited Informal Supports
- Medication Management
- On Waiting List for Public Services
- Situational Changes / Caregiver

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Person and Contact Information Regions and Requirements (Continued)

Field	Action / Purpose
Contact Resolution Region	
After completing call, mark any of the following major referral(s) categories that apply:	Required. Various Options to select. Select as many as applied by double clicking on the option or using the > arrow.
Referred for Options Counseling To	If contact needs to be referred for Options Counseling. Select list is the ADRC Organization areas.
Referred for Options Counseling From	Defaults to the users' name. This can be changed if necessary.
ADRC Org Nbr	Users ADRC Organization Number, non-editable.
Contact Notes:	

Contact Resolution

*** After completing call, mark any of the following major referral(s) categories that apply:**

Crisis Intervention

IRA Follow-Up

KanCare

Local AAA

Local CDDO

Local CIL

Local CMHC

No Referral

Options Counseling

PACE

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Referred for Options Counseling To: ~Select~

Referred for Options Counseling From: DEBYZIMMERMAN

ADRC Org Nbr: 7

Contact Notes:

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Cancel
Create

Continued on Next Page

Logging-Out

Introduction

When the user will not be using the application for a period of time, log off the program for security reasons.

How To

Follow the steps in the table below to exit the application.

Step	Action	Result
1.	In the upper right corner of the window, there are three navigational options.	

Link	Action
Logout	The browser will return to the Log-in page
KDADS Home Page	Returns back to the KDADS Home Page for further access options.